

NAME:
STREET:
CITY, STATE, ZIP CODE:
TELEPHONE #:

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

	Applicant,
vs.	
	Defendants.

WCAB #:

PETITION FOR PENALTIES

Comes Now Applicant and Petitions for Penalties for unreasonable delay in furnishing of benefits per Labor Code Section 5814 as follows (check one or more):

- (A) Temporary Disability
- (B) Permanent Disability
- (C) Medical Treatment
- (D) Reimbursement of Medical (prescriptions, mileage, treatment, etc.)
- (E) Supplemental Job Displacement Benefits

Describe the events/acts of the unreasonable delay in benefits below.

your signature

date mailed